MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4655 63-032227 STATE FILE NUMBER

FILED SEP 13 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
16	496-26-4086	500-125-139D	8-23-63

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF Joseph M. Masucci Funeral Director DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City

Length of stay in 1b: 60 yrs.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Riverview Nursing Home

Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Jackson

c. CITY OR TOWN: Kansas City

Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): 823 East 75th

Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First GERTRUDE Middle MARY Last FLYNN

4. DATE OF DEATH: Month, Day, Year: August 20, 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3-12-1880

9. AGE (last birthday): 83 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Shakopee, Minnesota

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Michael Sullivan

13b. MOTHER'S MAIDEN NAME: Mary Glynn

14. NAME OF HUSBAND OR WIFE: Dr. Joseph Flynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — none

17. INFORMANT Address: Gertrude Sullivan - 5007 Lydia Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CORONARY THROMBOSIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): ARTERIOSCLEROSIS

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CHRONIC BRAIN SYNDROME

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959 to 8-20-63 and last saw her/him alive on 8-19-63

Death occurred at 12:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M. Masucci MD

22b. ADDRESS: 636 Argyle Bldg K.C. Mo

22c. DATE SIGNED: 8/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-22-63

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet

23d. LOCATION (City, Town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar Funeral Home Linwood & Woodland

25. DATE RECD. BY LOCAL REG.: 8-22-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

Dr Masucci
Argyle Bldg.
BA 1-8848
1:30-4:30

1P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James E. Kuckleman

Licensed Embalmer No. 4533

P. O. Address 4 Q Sth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.